



State of Montana
Department of Corrections
Family Member Relationship Disclosure Form

This disclosure is to document a family member relationship between a supervisor and subordinate. This form shall be signed by the disclosing and affected parties as well as the division administrator; a copy of this agreement will be maintained by the Human Resource Bureau and accessible to those in the chain of command on a need-to-know basis. Disclosing and Affected parties affirm that they have read and understand DOC Policies 1.3.2, *Employee Performance and Conduct Guidelines* and 1.3.52, *Workplace Family Relationships*.

Supervising Party

Printed Name		Work Location
Job Title	Supervisor	Date

Subordinate Party

Printed Name		Work Location
Job Title	Supervisor	Date

We, the above listed individuals, affirm a workplace family member relationship by signing this document.

Disclosing Party

Date

Affected Party

Date

Division Administrator

Date

A mitigation plan will be developed, attached to, and maintained with the disclosure; the mitigation plan will include:

- a. a description of the family member relationship;*
- b. procedures to mitigate and eliminate the potential or perceived preferential treatment that may occur; examples include, but are not limited to:*
 - 1) a change in the supervisor/subordinate reporting structure;*
 - 2) a change in shift assignment;*
 - 3) change or modification of one or both of the employees' job duties; and/or*
 - 4) an agreement of one party to transfer to another non-conflicting worksite.*